



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)					
Pierre Jean François Layrolle, Klaas de Groot, Joost Dick de Bruijn, and Clemens A. van Blitterswijk) Examiner: I) Brenda A. Lamb)					
Serial No.: 09/757,310) Art Unit: 1734					
Filed: January 9, 2001)					
Title: METHOD FOR COATING MEDICAL) IMPLANTS)						
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
TRANSMITTAL LETTER						
Dear Sir:						
In regard to the above identified application, we are transmitting herewith the attached:						
1. Amendment and Response to Final	1. Amendment and Response to Final Office Action (13 pages);					
2. Petition for One-Month Extension	2. Petition for One-Month Extension of Time; and					
3. Return postcard.						
With respect to additional fees:						
A. No additional fee is required	1.					
X B. An additional fee is required	d and has been calculated as shown below:					

CLAIMS AS A	MENDED						
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee	
Total Claims	24	Minus	21	3	X \$9	=	\$27.00
Indep. Claims	3	Minus	3	0	X \$42	=	\$0.00
			Total Additiona	l Claims Fees			\$
Petition/Request for Extension of Time		_1_ month				\$55.00	
			Total Additional Fees for this Amendment		\$82.00		

^{*} If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

	C.	Attached is a check in the amount of \$
<u>X</u>	D.	The Commissioner is hereby authorized to charge the total additional fee of \$82.00 to our Deposit Account No. 19-0733. A duplicate copy of this sheet is enclosed.
	E.	The Commissioner is hereby authorized to charge the Petition fee of \$ to Deposit Account No. 19-0733.

The Commissioner is hereby authorized to charge any additional fees or credit overpayment to Deposit Account No. 19-0733.

Respectfully submitted,

ohn P. Iwanicki, Reg. No. 34,628 BANNER & WITCOFF, LTD. 28 State Street, 28th Floor Boston, MA 02109 (617) 720-9600

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

^{***} Each multiple dependent claim should be counted as the number of claims from which it depends.